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AUTHOR Hickey, Tom
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ABSTRACT

Passage of landmark legislation in the form of the Older American Act initiated a broad program of research and training in the area of adult development and aging and social gerontology. Various types of model programs emerged around the country. One type is the State-recognized consortium (University of Michigan and Wayne State University) while a second type is the interdisciplinary and diffused model (University of Chicago). Other types are the center entity model (University of Southern California), the single program model (Washington University, St. Louis), and the functional program orientation model for smaller colleges and universities. Future projections indicate a need for the continuance of multiple models, strong State-oriented programs, and functional, informal consortiums. The establishment of a National Institute on Aging is expected momentarily, with the Administration on Aging moving toward a role of being a Federal clearinghouse on aging for all Federal funds. State units on aging can currently benefit from the amended Older American's Act. The primary goals of the recently formed Association for Gerontology in Higher Education (AGHE) is helping to formulate national policy on gerontological training/education. An example of AGHE effectiveness was Congressional restoration of $6.5 million for university-based gerontological training/education. (EA)

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GERONTOLOGY CENTER
Institute for the Study of Human Development

The Pennsylvania State University
College of Human Development
University Park, Pa. 16802

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CURRENT ISSUES IN TRAINING AND EDUCATION IN GERONTOLOGY

Tom Hickey

NUMBER II IN A SERIES

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TOPICAL PAPERS: SERIES I
EDUCATIONAL PROGRAMMING
and
COMMUNITY RESEARCH IN GERONTOLOGY

Edited by Tom Hickey

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CURRENT ISSUES IN TRAINING AND EDUCATION IN GERONTOLOGY*

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Topical Papers: Series I
Educational Programming and Community Research in Gerontology

Edited by Tom Hickey

Gerontology Center
Amy Gardner House
Pennsylvania State University
University Park, Pa. 16802

June, 1975

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*Transcription of extemporaneous presentation to the Faculty Seminar Series in Gerontology, May 9, 1974, at University Park, Pennsylvania.

Preface

This publication has enabled the Gerontology Center to combine the objectives of two major goals; the development and dissemination of educational materials concerning aging and older persons, and the writing and publication of professional papers by Center staff members.

It is our sincere hope that this series will serve as a useful resource for continuing educators, program planners, practitioners and all others interested in learning more about gerontology.

Papers are available through the Gerontology Center, Amy Gardner House, Pennsylvania State University, University Park, Pennsylvania 16802.

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Series Number One

Topical Papers: Educational Programming and Community Research in Gerontology

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Tom Hickey & Karen Szabo

The purpose of this presentation is to address--very briefly--the issues of gerontological education. This is neither formal nor comprehensive. Rather, it is intended that my remarks be directed to some of the unanswered questions which have been raised informally during this Faculty Seminar Series. I hope that these ideas will both facilitate, and appropriately relate to your own planning process, and provide additional information for your discussions with us in subsequent sessions. I plan to deal with only four points: a historical capsule or overview of training and education in gerontology, the current state of the field, future projections with inferences for planning, and finally, the current funding picture.

I must make one thing clear at the outset: I am dealing with a broader issue than that which Dr. McClusky addressed. I will not be referring to education of, or for older adults; but to the broader issue called gerontological education. I have referred earlier in this conference to the training of service providers--the people who work in the field--which has been my primary interest here. This can be classified as Social Gerontology, which differs from Adult Education and Adult Development, or the processes of Aging. While my interests here may parallel some of your own, they may not completely overlap. Thus, this distinction is important in understanding the emphasis I will give to the four points of this presentation.

Historical Overview

In the 1940's the research in this field was carried out predominantly by a handful of biologists and physiologists. Most of this was laboratory research. In the mid 1940's, a small group of biologists founded The Gerontological Society, which is now the major national, professional

organization in this field. It is somewhat ironic that The Gerontological Society was founded by biologists, and they seem to be currently the smallest and most floundering of the divisions of the society. The National Social Science Research Council was also founded in the 1940's. A major academic emphasis within the University of Chicago was initiated at about the same time to begin interdisciplinary research on adult development and aging. This led to the establishment of the Committee on Human Development. It was also during the mid-1940's that the American Psychological Association established a division on Maturity and Old Age, which was subsequently renamed: Adult Development and Aging. The support for research in the field was practically nil at that point of time; and, of course, there was really no such thing as training funds, or resources on large scale for services other than what came as a by-product of new Social Security legislation.

In the early 1950's private foundations asserted some leadership, providing support for this new field. Both the Rockefeller and Ford Foundations were very strong on university-based, community action studies. They were primarily responsible for initiating programs at Brandeis University in the Florence Heller Graduate School of Social Welfare. The Council on Social Work Education also received a large number of foundation funds to begin its training in the area of aging. Stanford University--a very prestigious university in the country, and one which has not been involved in the field of aging nor usually identified with it--received much foundation support in the 1950's to conduct evaluative research of social action programs. The Rockefeller and Ford Foundations also provided a great deal of money for industrial research--research on the industrial worker following the lead of British research and services. Much of this went, I believe, to the University of Wisconsin at Madison, and Brown Uni-

versity in Providence, Rhode Island.

The first governmental agency to become strongly identified with aging was the Public Health Service. I believe that the University of California at Los Angeles was the first major School of Public Health to receive funds from this source for working in areas of aging, along with the University of Michigan's School of Public Health shortly after that. The next major emphasis within the Federal Government emanated from the National Heart Institute. The gradual involvement of the National Institutes of Health resulted in a number of major things in this field: Dr. Nathan Shock's well-known national laboratory in the Baltimore City Hospitals (this is primarily physiological and biological, laboratory-based research); the establishment of an intra-mural research unit on aging, under the direction of Dr. James Birren. This was, once again, primarily, research on biological and psychological functions--government lab research without university affiliation. When the National Institute of Child Health and Human Development (NICHD) began to look at human development as life-span, and not merely child-oriented, they began to think very seriously of providing training and research funds, for people studying the development of adults.

Following passage of landmark legislation in the Older Americans Act of 1965, the Administration on Aging was established within the Department of Health, Education, and Welfare. The Administration on Aging established multiple training areas in university and community-based arenas to initiate, expand, and strengthen research and instructional programs with a focus on social, economic, and professional services. This was finally seen as the full broad-gauged approach to research and training in the area of adult development and aging and social gerontology. The very first grant provided to a university by the Administration on Aging was to the University

of Georgia for a seven-state collaborative effort to attempt to determine which universities could perform what kind of training at what level, etc. Basically, it was the same goal and kind of thing we're trying to accomplish as one of the results of this Faculty Seminar Series.

We had, then, at the mid-1960's major basic research and training efforts from NICHD, and a broader, applied, community-oriented, research and training effort housed in the Administration on Aging. And, as you know, the Administration on Aging continued to emerge as the major federal office focused on aging and the needs of the aged. Now, obviously this is not a history lecture, and I am omitting those many important involvements of groups like NCOA, AARP and others. These are important, but I think training has been a very secondary emphasis in these organizations. I am minimizing their role, but not excluding it intentionally in the sense of not recognizing their contribution.

Current Status of the Field

One of the things that resulted from the emphasis on training and research, which followed passage of the Older Americans Act was the gradual emergence and development of models for establishing training and research units around the country. I think it is important to look at these because, as I said this morning, we are at a different point in history where dollars will be spent more rationally--thus more competitively and creatively. I think we are going to have to become very selective, and to develop very strong rationales for the type of approach we take in a given region, as we are trying to do here. It is not enough to simply have a program. Some of these models represent a basic orientation, others are applied, and still others are a mixed approach. I have obviously, once again, not included all

of them but I think I have included the major ones in no particular order of priority.

The first can be called the State-recognized Consortium, and the prototopic example here is at the University of Michigan and Wayne State University. For The Institute of Gerontology there is a line item on the State budget placing it within the framework of two universities, but administratively in a stronger position. From a pragmatic point of view, one could say that had this particular system not been [illegible]ichigan, the changes which have occurred in the field of gerontology [illegible]ly, as well as in Michigan in the last few years, would probably have destroyed a weaker system. Professor McClusky may have a better inside view on this to share with us. In any event, the University of Michigan - Wayne State partnership is an important precedent in the country, and an important model--one that we might want to consider in other states.

A second model, I have informally labelled: Interdisciplinary and Diffused Model. Although it is single-university based, it does not have a strong center or core. On the other hand there is significant output, i.e. very strong research and training productivity. Here I classify The University of Chicago in its Committee on Human Development, which has very quietly and systematically built interdisciplinary bridges among many departments on the campus in basic areas as well as in some of the health and social fields, producing some very outstanding people and research in Adult Development and Aging. I would also include The Pennsylvania State University in this general model. I do not think it is in the same category or can be classified as the same type as the University of Chicago, which is much more basically oriented. I include Penn State here due to its similarly diffused approach, where there has been a long-standing interest in the area of Adult Development and Aging in many departments on the campus,

with a core of expertise emerging in recent years in the College of Human Development. The Gerontology Center, which we have been describing to you, is a central administration, but it is not a dominant, bureaucratic mechanism within the University. The Continuing Education Center here and the Penn State Cooperative Extension Service (housed in the Department of Agriculture), have been providing programs directly for the elderly for over 25 years. The National Institute of Child Health and Human Development has funded a pre-doctoral Graduate Training Program on this campus--one of only the few still functioning at full strength after more than seven years. Most others in the country have gradually faded out or been phased out. We also have a latest count, I believe, 37 graduate level trainees in the field of Aging on this campus. These trainees are funded from several sources including Administration on Aging programs in three different colleges. These data tend to indicate that, without a strong central orientation, we still have a number of different kinds of research and training activities on campus, and much independent productivity.

Another model is the Center Entity with strong discipline links. And this is much the reverse of the previous one. I think the University of Southern California's Andrus Gerontology Center is the most obvious example: strong research capacity, major leadership in the field, much private support and multiple sources of funding, but independently housed and located on the corner of campus with strong links back to the departments within the University. That is a good model but not appropriate to every locale or university.

Another approach could be called the Single Program model, where there is a single, strong and dominant program which emphasizes gerontological research, training service, or any combination of the three. This model

tends to be more associated with smaller universities; and it is frequently more charismatic and linked to key individuals. For this reason it can be more tenuous and finite; on the other hand this has a great deal of versatility and lends itself to quick and flexible adaptation to new problem areas. There is also much value in reducing the bureaucracy by locating all program elements within a single department--faculty, students, and other program resources. The Psychology Department at Washington University, St. Louis, is an outstanding example. It has been involved in this field for 20 years, producing some great things in terms of people and research.

Finally there is something I have labelled the Functional Program Orientation model. It is similar to the previously mentioned, single program orientation. But it has some important implications for the future in that it is problem-oriented. A core group of people may get together on a given campus and develop a training program, research project, or both and attack a specific current problem from many angles. This is carried out for only a short period of time, and either the problem is solved or the research interest dissolves for other reasons--or it begins to evolve into something else. Very frequently, however, once the need is filled this particular model fades away. Once again, it has the same kind of versatility as the single department model. They do not have to deal with a lot of bureaucracy, and they do not have to worry about whether they are in the main stream of gerontology or adult education, or whatever is current. All they are really concerned about is tackling the given problem. This is a very useful one if you need to gear-up quickly to work with something like the Title VII Nutrition Program. Those places in the country which are willing to move very quickly and provide strong training programs for people

providing nutrition services, have been very successful at that. This is a most appropriate model for the smaller colleges and universities in Pennsylvania to consider. In addition, this type of program-orientation approach would link very neatly with a major University-Center model--as espoused here at Penn State.

Future Projections

First of all, as I have already implied in my previous statement of training and research models in Gerontology, I think we are going to have to have multiple models. And one of the people who has unintentionally convinced me of that is the current director of this state's office on aging. Mr. Benedict came here filled with great experiences in the Michigan model, and also very happy with some of the things that are occurring with another center in the country. As we debated and discussed this, and as we continually showed him that Penn State was not the University of Michigan, it became very clear to me what the dimensions of difference were; and why different types of models are useful in different settings--why private universities like USC and Syracuse, for example, can develop the kind of model that they have. So I think we are going to have multiple models, and I think this is a very important future projection--and we should not be easily intimidated nor dissuaded from it.

Another important step is to reverse a second type of intimidation caused by bureaucratic structure. For example, the current administration in Washington has been making a great deal of noice and efforts to decentralize a lot of things. For example, the HEW regionalization process has greatly affected funds for aging programs. We are in a five-state region here which includes Pennsylvania, Delaware, Virginia, West Virginia, and the District of Columbia. Half of the population--that is the aged or

target population of this area--is in the State of Pennsylvania. We usually have very little in common with some of the areas within this region. Philadelphia, for example, (where the regional office is located) can be more closely identified, I think with large segments of New Jersey, with some of the metropolitan and surrounding areas in New York City, Baltimore, and Washington. I think Central Pennsylvania can identify itself much more closely with upper New York State. These things become very hypothetical and arbitrary, and there is no real rationale for an "HEW Region III model", as some have proposed in the past. The model needs to match the population we have, and then if it also fits the region that is a useful byproduct. I am merely trying to say that I think we have to think of multiple models, and not see ourselves as arbitrarily defined by some of these Washington-based decisions. Pennsylvania might be a viable region in gerontology--and I think I am leaning in that direction in that we need a strong state-oriented program. I think it makes a great deal of sense (especially given the land-grant university tradition). We will live with a mix of rural and urban for other reasons. We do not have to vote for governors and legislators for Region III; and also, we have a great deal more consumer and advocacy power by staying within the state framework. A similar projection would also suggest a functional approach to gerontological education. The smaller, four-year colleges can do things differently than major universities. We must recognize this, and begin to look at reversing the notion that just because higher education is hurting for funds, this does not mean that Penn State and bigger universities with better lobbies in Washington ought to receive all the funds to do the job, regardless of what the job is. A southern state recently objected when its major university would only accept a certain contract on the condition that

they could subcontract part of it to community colleges. Ironically the state would not give the funds directly to those community colleges themselves which had the best demonstrated capacity in the state to do the job. I think we are further ahead on this perspective in Pennsylvania.

We also need a short-term programmatic model which dissolves when the problem is solved. I think we ought to set-up a mechanism so that the Centers on Aging or whatever they are, self-destruct after their main focus disappears. Of course, it is easy to define oneself in such a general way as to continue indefinitely. But given the fact that people and times change, it might make more sense to periodically dissolve, reemerging elsewhere.

A third direction is the informal consortium. There is a great deal of talk currently about the fact that when you want a good program you bring in a "prophet from another country". This approach is beginning to realize some backlash: "Why do we go out of town to do this when we have many good resources here on campus?" Well, if that backlash continues I think we could be in tr uble because it will be kind of an isolation in some way. And I am sti l firmly convinced, that in spite of all the expertise at a given campus, it is not going to cover the entire scope of the problem. I think we have to look very closely at the kinds of expertise that exist in other places--especially within our state--and begin to develop informal, collaborative arrangements. A couple of years ago, I served for HEW (Region III) to identify training and research resources in gerontology in this five state region. I had a pretty good idea when I started out who they were, because I had worked with them for a few years. I was pleasantly surprised, however, to identify a number of other people in some key areas that we need--when we had been going many miles further

than that to find the expertise previously. So I think that we have to develop a functional, informal consortium. Perhaps the major university in a region is providing some of the basic research; and a different part of the structure is translating that research into usable training materials; a third location is, perhaps, providing the setting and the subjects, the trainees and participants, etc. I think that there is frequently a certain amount of academic snobbery and an "aura of importance" in having someone on the program who represents a major-university. Maybe the kind of person you really need is somebody in your county agency on aging with 10 years of experience in the field who--if you provided the time and a little consulation in advance--would be a much more effective trainer in that situation. So we need to develop that kind of relationship.

A final point on this projection is consumer awareness. I think we have to be very aware of the consumer, the role of the adult or the aged person. The field of Social Gerontology is close to that point in development where it could easily overlook its original mission and target population. I need not elaborate on this issue: the work of consumer organizations has been well-demonstrated in a number of fields. The work of AART/NRTA or the Grey Panthers in gerontology is well-known. Less obvious perhaps, are the local, very powerful consumer groups which have lobbied for a certain kind of AAA program or director. We also need adults over the age of 45 in our planning and advisory groups for community-based adult education programs as well as for interventionistic research requiring human subjects.

Program Funding

The final point of these remarks deals with the funding picture. Currently the private foundations are clearly steering away from academic

research towards applied research with continuity and with institutional collaboration. I want to stress that. They are interested not so much in academically-based research as they are in research that includes university expertise, some sort of industrial or community base, and also the continuity aspect in which they can be assured that Professor Academic will not merely "manipulate" a grant for two years and then move out of the state to another university or another setting. They are interested in something which attacks immediate problems, but which also has some long-range effects. For example, foundations are interested in research on transportation. But they are not concerned with statistics showing that no older person in State College can get to a doctor because there is no bus route, or that we ought to reduce fares to 10¢, as the case may be. They are interested in a long range, collaborative arrangement with the community in which people will attempt to work out some sort of transportation structure that allows the opportunity for change and growth over time--something which does not have built-in obsolescence.

At the federal level, the establishment of a National Institute on Aging (NIA) is expected momentarily. Thus, it is difficult to accurately project future directions. In any event, I would envision a real upsurge in the federal funding of research in aging, as well as a more clearly-defined national policy in this area. I would also predict that much of this will be in basic rather than applied areas. The NIA will be protected and guarded by peer review committees (as with the other National Institutes) which tend to reinforce the leaders in the field as well as quality. It is not highly likely that these funds will go to the newcomer in the field or to the small, unknown institution. The fact that there is a peer review system isolates opportunities, but it also tends to preserve quality.

The Administration on Aging is clearly moving towards a role of being a federal clearinghouse on aging for all of the funds in the federal government. They have set-up an interdepartmental committee that will provide notices regarding the availability of funds for certain kinds of problems in research, training, and service. They will put people on the mailing list for this. They will also refer requests matching individual and program interests to the appropriate department in the federal system. The absence of peer view here is a decided disadvantage. The decisions made in the Admiristration on Aging have frequently been made (in recent years) by the Office of Management and Budget with absolutely no concern, interest, or understanding of the needs of the elderly, or the competency of a prospective grantee. And, they continue to respond very much to political pressure, with priorities shifting on a regularly unpredictable basis.

The state units on aging now have an opportunity to gain some almost irreversible ground in the sense that the amended Older American's Act reflects the strong focus and role of the state units on aging. I find this trend to be very supporting of the kind of approach we are trying to take in this Faculty Seminar Series. And, I hope we can return to this issue again tomorrow when our state representatives are here. Pennsylvania is quite responsive here, I believe. This state has begun to recognize, through its Office of Adult Programs, that some things ought to take place, for example, at Allegheny Community College, others should occur at Penn State, still others at Bucknell or Indiana, etc. I think we are beginning to see that kind of rational planning on the part of this state, at least. We ought to encourage and reinforce the State's developing a strong role before the flow reverses to a centralized Washington, D.C. We also should

support "quasi-citizen-advisory" groups in this state. Despite their powerless advisory nature they seem to have potentially more undefined power than bureaucrats and other, more formally-defined organizations. We have a strong governor's advisory committee on aging; as well as strong regional advisory committees. We also have sub-units of the governor's advisory unit called task forces. One of these, by the way, deals specifically with Education and Training in Aging for the State. All of these groups are consumers, practitioners, educators, researchers. I think it would be very useful that in all of our activities that we touch base with these various groups for enlisting support and obtaining best possible advice.

Conclusion

Finally, I want to conclude with a recent example of concerted action of individuals which resulted in a major program change. I am describing this by way of dispelling any notion that my remarks today are totally naive, or simply idealistic planning. In a Watergate era this story is somewhat comforting--but it also provides some justification for proceeding with many of the forementioned suggestions.

About a year and a half ago, an organization was formed which is now called The Association for Gerontology in Higher Education (AGHE). It is an institutional organization in the sense that its members are institutions who are conducting training in the area of aging. It is not one that we can join as individuals. Its membership is composed of institutions who select individual representatives. The primary goal of AGHE has been to move much more expeditiously than universities and professional societies could in the national arena in helping to formulate national policy on gerontological training and education.

Towards the end of last year the Administration on Aging said that all graduate level training grants in this country would not be refunded this year. This was a widely publicized policy decision of the current administration, and one that many of you may be familiar with from having read the newspaper. This policy on training seemed to emanate from the Office of Management and Budget, rather than from the professionals in the field. It is easy, of course, to take a philosophical view and see some positive aspects of this, in the sense that the long range value in this field may very well be to get away from subsidized training in favor of other mechanisms. However, at the present time, we have a critical mass of people in certain places in the country, and we are still attempting to attract young people and practitioners in the field. Thus, we still need some kind of subsidy, some kind of an incentive in the system. On the one hand, I agree with such a movement for the long range, as I also have a personal bias in favor of funding for research and teaching assistantships as the major source of student funds (rather than traineeships). This sudden cessation of training funds, however, was somewhat irrational, abrupt, and obviously not received favorably.

AGHE first went to work on the Executive Branch of the federal government. It dealt with all levels within the Administration on Aging, special advisors to the President, and came within one office of seeing the President himself. This process consumed several months. We were finally told (quite candidly) by an influential person in HEW that even though they are "making noises" in our favor, the original decision was not going to be reversed. AGHE then moved to the Legislative Branch of the government, where we dealt with the Senate Special Committee on Aging, various House committees, their legal staffs, etc. The Legislative Branch was prepared to accept the following

logic: since the Government has passed legislation which enabled us to have Title III and Title VII programs, then it was very consistent that all training money should go towards seeing that Titles III and VII were able to function--with no regard for the past history. To make a long story short: after several systematic and careful efforts in the preparation of data, reports, conversations, etc., Congress restored $6.5 million for the next year for university-based gerontological training and education. Thus the future of training is still in our hands as professional gerontologists.

We are committed to our convictions of the past 10 years or so in this area, and have been able to convince others as well. This is all the more reason to lay firm plans for the future--plans which involve the collaborative partnership of many individuals and educational institutions. Personally, I wish us all well in the remaining days of this year's Faculty Seminar Series: in the planning and development of collaborative programs in social gerontology and adult education--programs with a strong academic base in Pennsylvania's many fine institutions of Higher Education and Learning.

(References on this topic will be provided with other reports from this series, as well as in a separate bibliography to be issued by the Gerontology Manpower Development Project.)